

ST. LAWRENCE UNIVERSITY  
Canton, NY 13617

## APPLICATION FOR ADMISSION **Global Francophone Cultures -- FYS**

*This application is to be used by First Year students only.*

This study opportunity is open to second-semester First Year students with appropriate academic preparation, motivation, and an interest in Francophone cultures. Candidates must present a clear statement for why they want to participate in the Global Francophone Cultures Program and a record of academic performance and social maturity that demonstrates their ability to meet the challenges of off-campus study. Applicants for the Global Francophone Cultures Program must also present evidence of responsibility and cultural sensitivity.

Candidates should have an indication that they have done, or are doing, good work in French. Students must have completed one semester of college French or up to two years of high school French before the start of the program.

Students currently on disciplinary, social, or academic probation are not eligible to apply for, or participate in, off-campus study programs. In addition, students with outstanding disciplinary fines, service hours and/or education program requirements are not eligible to *participate* in the program.

### Application checklist

The following must be received by the Center for International and Intercultural Studies on or before **September 10**:

- The application, signed
- Accurate answers to Part I questions
- Thoughtful answers to the short essay questions in Part II
- Parental/Guardian Agreement for First Year Students
- Medical Report Form
- For SLU students:* Assistance with airfare information and bio form

Applicants must distribute the following forms to the appropriate people and offices to ensure they are received by the Center for International and Intercultural Studies by the application deadline:

- 1 evaluation form and letter from your FYP advisor
- 1 evaluation form and letter from another current SLU professor *or*, if you took French in high school, from that instructor
- Transcript Release Statement (submit to Registrar's Office prior to the application deadline.)





## **PART I.**

**On a separate sheet, please answer the following:**

1. **FYP:** In which FYP are you enrolled? What is your current academic focus or intended major?
2. **PASSPORT:** Do you have a passport? If yes, what is the date of expiration? (A passport must be valid at least three months beyond your stay with the program.) If no, what is the date on which you applied for a passport?
3. **DISCIPLINARY RECORD:** Provide details if you have ever had social or disciplinary sanctions or have been before the student judiciary board.

## **PART II.**

**On a separate sheet of paper, please give concise, careful and thoughtful answers to the following:**

1. **PREPARATION/ACADEMIC RELEVANCE:** Describe in some detail experiences that prepare you for study in this program (e.g., academic courses, travel, residency abroad, work experience, language study, etc. Include a concise statement describing how this program relates to your current academic interests.
2. **EXPECTATIONS:** What do you hope to gain from this study abroad experience, both academically and personally? Have you thought of ways in which you can build on this experience upon your return to campus? If so, how?
3. **CHALLENGES:** What do you expect to be your greatest challenges living in another culture, and how do you propose to meet those challenges?
4. **ANYTHING ELSE:** If there is anything else you wish to say about your experiences, your interest in this program of study, or anything else related to this application, please do so here.

## **PART III.**

### **Agreement and Release**

I affirm that the information given in this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:

CENTER FOR INTERNATIONAL AND INTERCULTURAL STUDIES  
St. Lawrence University  
Canton, New York 13617  
(315) 229-5991

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*St. Lawrence University subscribes fully to all federal and state legislation and regulations (including the 1964 Civil Rights Act, Executive Order 11246, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the IRA Anti-Bias regulation) and therefore encourages diversity regarding race, color, gender, religion, age, physical handicap, or national or ethnic origin in its programs and activities.*

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## PARENTAL/GUARDIAN AGREEMENT FOR FIRST-YEAR STUDENTS GLOBAL FRANCOPHONE CULTURES

St. Lawrence University has created an opportunity for first-year students to study abroad, developing language skills in French while also completing their required First Year Seminar.

Students who elect this program will take the full required course load for the second semester of the first year (4.5 units). They are considered to be "in residence" on a university program, meaning that all courses will count toward the degree and all grades will become part of the student's cumulative grade point average. Financial aid continues as if the student were on campus. Additional costs of the program include international air fare and spending money. A \$500 non-refundable deposit will be required when the student is accepted.

I support my son/daughter's application to the Global Francophone Cultures – FYS Program.

\_\_\_\_\_  
(Student's Name - please print)

\_\_\_\_\_  
(Student's ID Number)

\_\_\_\_\_  
(Student's Permanent Mailing Address)

\_\_\_\_\_  
(Student's Home Phone Number)

Parent/Guardian's Name

\_\_\_\_\_  
(please print)

Parent/Guardian's Signature:

\_\_\_\_\_

Parent/Guardian's Address:

\_\_\_\_\_

Parent/Guardian's Telephone Number:

\_\_\_\_\_

Date: \_\_\_\_\_

**Return completed form by September 10 to:**

**Center for International and Intercultural Studies  
St. Lawrence University, Canton, NY 13617**

parent.guar.glob.franc.fys

The Patti McGill Peterson Center for International and Intercultural Studies

315-229-5991 • 315-229-5989 (fax)



# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## AIRFARE ASSISTANCE

All recognized St. Lawrence University Programs Abroad charge students the same comprehensive fees they would pay on campus. However, airfare (in most cases) and spending money (in all cases) are additional costs. Students currently on financial aid will continue to receive it and may often increase their loans to accommodate extra expenses. In order to help with the cost of airfare for students on financial aid, St. Lawrence has several funds from which additional financial aid may be available. Only matriculated St. Lawrence University students may apply for these funds. Financial need is the sole criterion for selection. These funds are limited and, in most cases, students are required to pay for the first \$500 of the cost of the airline ticket.

This form must be submitted to the Center for International and Intercultural Studies by **February 25 for Year or Fall Semester Programs or September 10 for Spring Semester Programs**. Students must have a current financial aid form on file in the Financial Aid Office to qualify for this aid. If your student account has a zero balance, this aid will show as a credit amount and you can request a refund check from the Student Financial Services Office to help pay for the balance of your airline ticket. If you don't participate in the abroad program, the credit amount will be removed from your account.

I hereby request funds to help pay for *airfare* in support of my participation in the \_\_\_\_\_ program.

I am applying to this program for the (circle one):

Spring Semester      20 \_\_\_\_

Fall Semester        20 \_\_\_\_

Full Year              20 \_\_\_\_ - 20 \_\_\_\_

I have ( ) have not ( ) traveled abroad before (excluding Canada).

\_\_\_\_\_  
Name (Please Print)

SLU Student ID # \_\_\_\_\_

\_\_\_\_\_  
Signature

CMR # \_\_\_\_\_

- over -

c:\travel.funds.doc

The Patti McGill Peterson Center for International and Intercultural Studies

315-229-5991 • 315-229-5989 (fax)

**STUDENT BIOGRAPHICAL INFORMATION**

If you apply for financial assistance to help with the cost of airfare to participate in an SLU abroad program, that money may come from a specific endowment fund established by a donor. We will use this information to let the donor know more about you. You may also be asked to send the donor a note of thanks – we will let you know. Please fill out this form completely, sign it, and return it with your other application materials. Thank you.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Class Year: \_\_\_\_\_

Hometown: \_\_\_\_\_ State/Province: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Honors/Awards: \_\_\_\_\_

\_\_\_\_\_

Extracurricular activities at SLU: \_\_\_\_\_

\_\_\_\_\_

Varsity sport(s) and year(s) of participation: \_\_\_\_\_

Work experience/summer jobs: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

What are your plans after graduation? \_\_\_\_\_

\_\_\_\_\_

Do you plan to attend graduate school? \_\_\_\_\_

If yes, what do you plan to study? \_\_\_\_\_

What are your long-term career goals? \_\_\_\_\_

\_\_\_\_\_

I give my permission to St. Lawrence University to share this information with the appropriate donor.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# ST. LAWRENCE UNIVERSITY

*Canton, New York 13617*

## GLOBAL FRANCOPHONE CULTURES - FYS PROGRAM Letter of Evaluation: FYP Advisor

*To the applicant:*

*Fill out this part of the form before giving it to your First-Year Program Advisor.*

**Applicant's Name** \_\_\_\_\_

**Global Francophone Cultures FYS Program Spring 20** \_\_\_\_\_

**Name of FYP Advisor to write evaluation** \_\_\_\_\_

Under the provisions of the Family Education Rights and Privacy Act,

\_\_\_\_\_ I retain my right of access to this evaluation.

\_\_\_\_\_ I waive my right of access to this evaluation.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*To the FYP Advisor:*

This evaluation is due **September 10** for study in the **spring semester**. The deadline for submission of the evaluation letter is crucial since the selection committee cannot act without this information. Late return of this form and the accompanying letter will jeopardize the student's chance of acceptance.

Faculty perspectives on students applying for off-campus programs are very helpful to the selection committees. We realize, however, that your impressions will be based on limited acquaintance with this first-year student. In your letter, please evaluate the student to the best of your knowledge, addressing the points listed on the reverse side.

**-see reverse-**

- Motivation, seriousness of purpose, initiative
- Intellectual curiosity, openness to new ideas and experiences
- Attendance, performance in class, ability to meet deadlines
- Quality of thought and expression
- Ability to work cooperatively with others; tolerance of different opinions and points of view
- Independence and self reliance
- Other points you think relevant

Evaluator's signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach your letter to this form and return to:**

Center for International and Intercultural Studies  
Carnegie 108  
St. Lawrence University  
Canton, NY 13617

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## GLOBAL FRANCOPHONE CULTURES - FYS PROGRAM Letter of Evaluation: Faculty

*To the applicant:*

*You will complete this form **OR** the report from the High School French teacher. Fill out this part of the form before giving it to the evaluator. The evaluation must be from a faculty member with whom you are currently taking a course.*

**Applicant's Name** \_\_\_\_\_

**Global Francophone Cultures FYS Program Spring 20** \_\_\_\_\_

**Name of professor to write evaluation** \_\_\_\_\_

**I am taking the following course with this professor:**

\_\_\_\_\_  
(course title)

Under the provisions of the Family Education Rights and Privacy Act,

\_\_\_\_\_ I retain my right of access to this evaluation.

\_\_\_\_\_ I waive my right of access to this evaluation.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*To the evaluator:*

This evaluation is due **September 10** for study in the **spring semester**. The deadline for submission of the evaluation letter is crucial since the selection committee cannot act without this information. Late return of this form and the accompanying letter will jeopardize the student's chance of acceptance.

Faculty perspectives on students applying for off-campus programs are very helpful to the selection committees. We realize, however, that your impressions will be based on limited acquaintance with this first-year student. In your letter, please evaluate the student to the best of your knowledge, addressing the points listed on the reverse side.

**-see reverse-**

- Motivation, seriousness of purpose, initiative
- Intellectual curiosity, openness to new ideas and experiences
- Attendance, performance in class, ability to meet deadlines
- Quality of thought and expression
- Ability to work cooperatively with others; tolerance of different opinions and points of view
- Independence and self reliance
- Other points you think relevant

Evaluator's signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach your letter to this form and return to:**

Center for International and Intercultural Studies  
Carnegie 108  
St. Lawrence University  
Canton, NY 13617

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## Report from high school French teacher

*To the applicant:*

*You will complete this form **OR** an SLU faculty evaluation form. Fill out this part of the form before mailing it or faxing it to the evaluator.*

**Applicant's Name** \_\_\_\_\_

**Global Francophone Cultures Program**      **Spring 20** \_\_\_\_\_

**Name of instructor to write evaluation** \_\_\_\_\_

**Name of course completed with instructor** \_\_\_\_\_

Under the provisions of the Family Education Rights and Privacy Act,

\_\_\_\_\_ I retain my right of access to this evaluation.

\_\_\_\_\_ I waive my right of access to this evaluation.

**Applicant's signature** \_\_\_\_\_      **Date** \_\_\_\_\_

\_\_\_\_\_

*To the evaluator:*

This evaluation is due **September 10** for study in the **spring semester**. The deadline for submission of this evaluation is crucial since the selection committee cannot act without this information. Late return of this form will jeopardize the student's chance of acceptance.

**-see reverse-**

**To be completed by a Language Instructor**

This student is applying for a study abroad program designed to increase fluency in French for beginning – low intermediate students.

1. Please indicate your opinion of the applicant's language ability in your course in each of the following categories.

**a. Aural Comprehension**

- None
- Limited to slow, uncomplicated sentences
- Understands simple conversation
  
- Understands conversation on simple academic topics

**b. Writing Ability**

- None
- Writes simple sentences on conventional topics, with some errors in spelling and structure
- Writes on academic topics with few errors in structure and spelling

**c. Speaking Ability**

- None
- Able to complete structurally simple, short phrases
- Uses basic grammatical structure, speaking with limited vocabulary
- Uses structural patterns, but not with consistent accuracy; adequate to participate in conversational topics

**d. Reading Ability**

- None
- Limited to simple vocabulary and sentence structure
- Understands conventional topics and non-technical subjects
- Understands materials which contain idioms and specialized terminology

2. Please add any additional comments relating to the applicant's linguistic ability.

3. Other points you think relevant (such as motivation, intellectual curiosity, attendance, independence).

Evaluator's name \_\_\_\_\_ Telephone \_\_\_\_\_  
(please print)

High School \_\_\_\_\_

Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

Center for International and Intercultural Studies  
Carnegie 108  
St. Lawrence University  
Canton, NY 13617

Phone: 315-229-5991  
FAX: 315-229-5989

# ST. LAWRENCE UNIVERSITY

*Canton, New York 13617*

**TRANSCRIPT RELEASE STATEMENT  
FOR  
FIRST-YEAR STUDENT APPLICANTS  
FOR  
GLOBAL FRANCOPHONE CULTURES**

**This form should be submitted to the Registrar at least  
one week prior to the application deadline.**

**To the Registrar:**

Please send a copy of my official **high school transcript** to the Center for International and Intercultural Studies.

**To the Student:**

Please complete this form and take it to the Registrar's Office in Vilas Hall.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

regrelfrm.glob.franc.fys.



## MEDICAL REPORT

It is **imperative** that you fill out this form honestly and accurately. Our intention is to learn as much as possible about your physical, emotional and psychological needs so that you can have a successful international/off-campus experience. It will assist us in obtaining or providing appropriate care if there is an emergency.

This medical report is subject to review by the Medical Director on your campus (for Non-SLU students), the St. Lawrence University Health Center staff (for all students), the program director and administrators at the Center for International and Intercultural Studies. The selection committees do not see this material and you will not be rejected on the basis of either a physical or emotional condition unless:

- it is of such a serious nature or degree as to prevent successful participation in the program;
- medical care for an individual's medical problem is not available in the program area;
- and/or the living and environmental conditions to which the applicant could be exposed would present a serious risk to his/her health and/or the health and safety of others.

Should you develop any significant health problems between the time of acceptance into the program and commencement of the off-campus component, **it is your responsibility** to notify the faculty leader. A **medical report** should accompany this notification for review by the Director of Health Services.

The following items must be received by the Center for International and Intercultural Studies on or before **September 10** or **February 25**:

FOR SLU STUDENTS:

- Medical report form - Part I and II
- Medical release – Part III
- Physician/Counselor report – Part IV (if applicable)

FOR NON-SLU STUDENTS:

- Medical report form – Part I and II
- Medical release – Part III
- Physician/Counselor report – Part IV (if applicable)
- Copy of immunization record
- Health records & pre-admission physical from your school's health center

NON-SLU STUDENTS: Please have your records sent to:

Center for International & Intercultural Studies  
St. Lawrence University  
Canton, NY 13617  
FAX: (315) 229-5989



**I. GENERAL INFORMATION**

Program: \_\_\_\_\_  
(location / country)

Name: \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of university/college: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street address) (city) (state) (zip)

**II. CURRENT HEALTH QUESTIONNAIRE**

1. Your height in inches: \_\_\_\_\_ Your weight in pounds: \_\_\_\_\_

2. Please list all medications – and dosage – you are currently taking, including over-the-counter medications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever had an allergic reaction to anything? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

4. Do you have any physical handicap or disability? Do you have any orthopedic problems that restrict physical activity? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

5. How much alcohol do you normally drink in a week? \_\_\_\_\_

6. Have you been placed on social or disciplinary probation for an incident in which alcohol or drugs were involved? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Have you been hospitalized during the past year? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Are you currently, or have you recently been, involved in friend/family relationships that have caused you unusual stress? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. Do you have any dietary restrictions? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

10. Have you any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant chronic medical conditions which are currently in remission? (for example: diabetes mellitus, heart problems, chronic or recurrent gastrointestinal disorders, seizure disorders treatment for cancer, bleeding disorders, etc.) \*Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

11. Are you currently receiving, or have you received in the past two years, counseling in the treatment of any emotional problem, drug addiction, alcohol problem, psychiatric condition, or eating disorder? \*Yes \_\_\_ No \_\_\_

**\* If you answered "yes" to #10 or #11, the physician/counselor primarily responsible for your care must complete Section IV.**

12. Is there any other information that would be helpful to the program director or on-site medical staff? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please contact the Torrey Health and Counseling Center staff at 315-229-5392 if you have any questions.

The responses I have given are correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO: CENTER FOR INTERNATIONAL STUDIES  
ST. LAWRENCE UNIVERSITY  
CANTON, NY 13617**

**III. MEDICAL RELEASE** - All students must complete this side of the form.

A visit to your physician is not required unless your doctor considers it necessary to update the evaluation of your medical condition. **ONLY STUDENTS WHO ANSWERED "YES" TO SECTION II, ITEM(S) 10 AND/OR 11, MUST HAVE THE PHYSICIAN/COUNSELOR PRIMARILY RESPONSIBLE FOR TREATMENT COMPLETE SECTION IV ON THE REVERSE SIDE OF THIS FORM.**

Student Name \_\_\_\_\_

Program \_\_\_\_\_

Condition(s) listed in Section II, # 10 and/or # 11

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my medical/psychiatric record will be reviewed by the Medical Director on my campus (for Non-SLU students), the St. Lawrence University Torrey Health and Counseling Center staff (for all students), the program director, and administrators at the Center for International & Intercultural Studies. I understand it's critical that administrators have my current, accurate medical information. Therefore, I agree that my immunization record and recent medical visits can be released.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_

**FOR SLU STUDENTS:** The Torrey Health & Counseling Center will forward your relevant medical & immunization records currently on file to the Center for International & Intercultural Studies.

**FOR NON-SLU STUDENTS:** Your medical & immunization records must be sent to:

Center for International & Intercultural Studies  
St. Lawrence University  
Canton, NY 13617  
Fax: (315) 229-5989  
Phone: (315) 229-5991

Applicant's Name \_\_\_\_\_ Program \_\_\_\_\_

TO BE COMPLETED BY PHYSICIAN/COUNSELOR PROVIDING TREATMENT IF APPLICANT ANSWERED "YES" TO PART II, ITEM(S) 10 AND/OR 11

**IV. PHYSICIAN/COUNSELOR REPORT**

The applicant has indicated an on-going health problem. You are being asked to evaluate the physical and mental health of the above named applicant for selection into an off-campus program. Living in unfamiliar surroundings and adjusting to cultural differences can create emotional and physical stresses that can exacerbate mild disorders.

Individuals in this program will at times be in remote areas exposed to harsh environmental conditions with poor water supply and away from immediate, full-service medical care. Gastrointestinal problems are common. Individuals with certain medical conditions which can lead to electrolyte imbalance such as inflammatory bowel disease, diabetes mellitus and insipidus, as well as individuals on psychopharmacological medications, would be at greater risk, as would persons with unstable seizure disorders, problem asthmatic patients, and individuals with cardiac disorders. Supervision of psychiatric conditions is not practical.

If additional space is required, please attach report.

Diagnosis:

Medications and dosages:

Diet:

Stability of condition over past two years:

Recommendations for the care of this individual:

Is this individual capable of participating in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Please contact the St. Lawrence University Health Center with any questions or concerns: 315-229-5392

Signature of physician/counselor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of physician/counselor (printed): \_\_\_\_\_

Address: \_\_\_\_\_  
(street address) (city) (state) (zip)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_